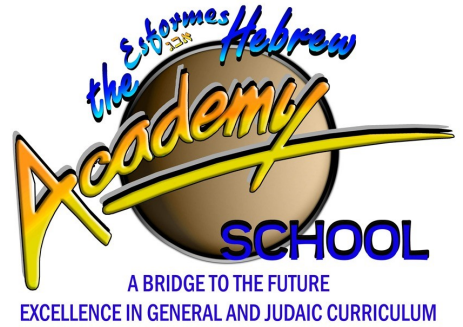


Authorization to Administer Medication



Child's Name _____

Date _____

I, _____, DO/ DO NOT give permission for Esformes Hebrew Academy to administer the following over-the-counter medication(s) to my child as needed. I understand the law provides that there shall be no liability for civil damages as a result of the administration of such medication where the person administering such medication acts as an ordinary reasonable prudent person should have acted under the same or similar circumstances.

My child is allergic to:

no medications

the following medications: _____

Signature

Medication List:

Tylenol YES
 NO

Benadryl YES
 NO

Advil YES
 NO

Hydro Cortisone Cream YES
 NO

